

WakelyBCS Market Insights Benchmarking Solution Prospective Client Survey

Last Updated Date: March 30, 2022

Overview

WakelyBCS offers an online survey for collecting basic medical plan information from prospective clients. Data will only be accepted from prospective clients of current dashboard participants. The form can be completed by either a representative of the employer or the benefits brokerage firm and is available year-round. WakelyBCS will receive daily updates to monitor submissions. In general, participants can expect a 5-business day turnaround, and WakelyBCS will notify the broker contact when the data has been published to the dashboard.

Please contact Krista Penn at 720-510-7002 or krista.penn@wakely.com or WakelyBCSBenchmarkSupport@wakely.com if you have additional questions or need to discuss timelines for a recent prospective client submission.

Survey Instructions

1. The link to complete the survey is: https://www.surveymonkey.com/r/WakelyBCS_Dashboard_Prospective_Client_Survey
 - a. Screenshots of each survey page are included in this document.
2. Respondents can enter up to three (3) medical plans per employer group.
3. Questions with an asterisk must be completed before proceeding to the next page.
4. Respondents can leave and return to the survey to edit responses until they click on “Done” to complete the survey.



In order for this setting to work properly, the respondent must use the same device and web browser they used to start the survey on because a cookie is stored in the respondent's browser that remembers their survey responses.

General Survey Information

The purpose of this survey is to collect basic health plan information from prospective clients of benefits brokerage firms participating in the WakelyBCS Market Insights Benchmarking Dashboard. Although you do not have to complete the survey in one session, having the following information handy when you start the survey will help you complete it in one sitting:

- Contact information for the benefits brokerage firm who invited you to participate, including the name of the firm, a contact name, and his or her phone number and email address.
- Contact information for your company, including a contact name, and your phone number and email address.
- Your company headquarters' zip code, 6-digit NAICS code or 4-digit SIC code, and total employer group size.
- For each plan you enter (up to 3), it will be helpful to have a plan summary of benefits and coverage that includes:
 - Coinsurance and copays for inpatient, outpatient, PCP and specialist services, as well as your generic prescription drug tier
 - In-network deductibles and out-of-pocket maximums for the plan's individual and family tiers
 - Employer and employee contribution amounts per employee per month (PEPM) for the plan's individual and family tiers
 - Annual employer contributions to an HRA or HSA associated with the plan
 - Total employees and dependents enrolled for the plan's individual and family tiers

The survey will take between 5-10 minutes per plan - up to 3 plans can be entered per employer.



In order to return to an incomplete survey response, click on the same survey link provided to you. You must use the same device and web browser you used to start the survey because a cookie is stored in your browser that remembers your survey responses.

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Prospective Broker Contact Information

Please let us know how to reach the broker you are considering working with (i.e., the PROSPECTIVE broker, not your current broker) so we can notify them when your data has been loaded to the dashboard.

*** 1. PROSPECTIVE Benefits Brokerage Firm Name:**

*** 2. PROSPECTIVE Broker Contact Name:**

3. PROSPECTIVE Broker Contact Phone Number:

*** 4. PROSPECTIVE Broker Contact Email Address:**

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Employer Contact Information

Please fill out all fields if you work for the employer requesting benchmarking so we can contact you if we have any questions about your data. If you represent the benefits brokerage firm, only Employer Group Name is necessary.

*** 5. Employer Name:**

6. Employer Contact Name:

7. Employer Contact Phone Number:

8. Employer Contact Email Address:

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Employer Demographics Information

The dashboard allows users to filter the benchmark data by multiple parameters, including industry, location, and employer group size. Please provide this information for your company so we can help the broker prepare the most useful report for you.

For industry code, please provide your 6-digit NAICS code or 4-digit SIC code. Both can be obtained by searching for your company on mailinglists.com

*** 9. Employer Zip Code:**

*** 10. Total Employer Size:**

Please provide the total count of employees, not just those enrolled in medical coverage.

*** 11. Industry Code Type:**

*** 12. Employer Industry Code:**

13. Are you a non-profit?

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WakelyBCS Market Insights Benchmarking Dashboard Prospective Client Data Entry Survey

Now we need basic information about your medical plan. You will have an opportunity to enter up to 3 plans, one at a time. For each plan, you will spend 5-10 minutes answering 15 questions.

Click next to begin.

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Plan Design – General Plan Information

Please enter general plan information below.

* 14. Plan Name:

* 15. Plan Type

Plan Type Definitions:

- **HDHP - HSA Qualified** – If the plan qualifies for a Health Savings Account (HSA) per Internal Revenue Service requirements – even if the employer does contribute to the HSA or the employee sets up his/her own HSA – set to “HDHP - HSA Qualified.”
- **POS** – If the plan is a point-of-service plan (POS) – even if it shares plan design characteristics with an HMO or PPO – set to “POS.”
- **HMO** – If the plan is a health maintenance organization (HMO) or an exclusive provider organization (EPO), set to “HMO.”
- **PPO** – If the plan is a preferred provider organization (PPO), set to “PPO.”

* 16. Plan Start Date:

Date	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 17. Funding Method:

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Plan Design — Member Coinsurance & Copays

Please enter coinsurance and copays **owed by the member**. Values should be entered as whole numbers and reflect the amount the member owes **after the deductible is satisfied**. If there is no coinsurance or copay for a particular service, please enter 0. Leave unknown values or inapplicable fields blank.

18. Member Coinsurance (%)

Inpatient

Outpatient

PCP

Specialist

Rx - Generic Tier

19. Member Copay (\$)

Inpatient (Per Day)

Outpatient

PCP

Specialist

Rx - Generic Tier (Retail)

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Plan Design— In-Network Deductibles and Out-of-Pocket Maximums (OOPMs)

Please enter deductibles and OOPMs owed by the member as whole numbers. If the member does not owe a deductible, set to 0. If there is no out-of-pocket maximum, please set to 0. If a value is unknown, please leave blank.

20. Deductible (\$)

Individual

Family

21. OOPM (\$)

Individual

Family

If there is no OOPM, set to \$0.

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Dashboard Prospective Client Data Entry Survey**

Plan Design — Per Employee Per Month (PEPM) Premium Rates

Please enter the amount the **employee** contributes to premiums as well as total premiums on a per employee per month (PEPM) basis. Values should be entered as a decimal. If the employee does not contribute anything, please set to 0. If a value is unknown, leave blank.

22. Employee PEPM Contribution (\$)

Individual

Family

23. Total PEPM Premium (\$)

Individual

Family

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An HMA Company Dashboard Prospective Client Data Entry Survey

Plan Design — Employers Contributions to Savings Accounts

Please tell us whether this plan includes a Health Reimbursement Account (HRA) or Health Savings Account (HSA). If yes, enter the **total annual amount the employer contributes** to the HRA and/or HSA as whole numbers. For HRAs, enter the total MAXIMUM amount the employer will contribute; a value greater than 0 is expected. For HSAs, enter a number greater than or equal to 0. Leave unknown values or inapplicable fields blank.

*** 24. HRA Offered**

25. Maximum Annual Employer Contribution to HRA (\$)

Individual

Family

*** 26. HSA Offered**

27. Annual Employer Contribution to HSA (\$)

Individual

Family

If the plan includes an HSA, enter \$0 if the employer does not contribute to the HSA.

Plan Design – Total Employees Enrolled

Please enter the most current enrollment information available. If actual counts of employees enrolled are not available, please enter your best estimate. Leave unknown values blank if an estimate is not available.

Based on the information provided, WakelyBCS will estimate the number of dependents enrolled for the Family tier as the count of employees enrolled multiplied by 2.

28. Employees Enrolled (#)

Individual:

Family:

For the Family tier, please do not include employee counts from other tiers with dependents (e.g., Employee + Children).

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Plan Design Complete

Data collection for your first plan is complete.

29. Do you have another plan to enter?

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Survey Complete

Thank you for your responses! WakelyBCS will notify the broker when your data has been loaded to the benchmarking dashboard.



Please be sure to click on the "Done" button to submit your completed survey.

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Done